

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90074 026 \*\*\*158.75

**DOCUMENT # P94000079138**

1. Entity Name  
**BEST THERAPISTS, INC.**

Principal Place of Business

7545 E. TREASURE DR.  
 #3H  
 MIAMI FL 33141  
 US

Mailing Address

P.O. BOX 415090  
 MIAMI BEACH FL 33141-5090  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7911 NW 167 TERRACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

City & State

4. FEI Number

65-0529648

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN  
 20801 BISCAYNE BLVD  
 SUITE 501  
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: DP  
 NAME: PACHECO-MCDONALD, AURA J  Delete  
 STREET ADDRESS: 7545 E. TREASURE DR # 3H  
 CITY-ST-ZIP: N BAY VILLAGE FL 33141

TITLE: DV  
 NAME: MCDONALD, BYRON  Delete  
 STREET ADDRESS: 7545 E. TREASURE DR. #3H  
 CITY-ST-ZIP: N BAY VILLAGE FL 33141

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
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TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP  Change  Addition  
 NAME: PACHECO-MCDONALD, AURA J.  
 STREET ADDRESS: 7911 NW 167 TERRACE  
 CITY-ST-ZIP: MIAMI LAKES, FL. 33016

TITLE: DV  Change  Addition  
 NAME: MCDONALD, BYRON  
 STREET ADDRESS: 7911 NW 167 TERRACE  
 CITY-ST-ZIP: MIAMI LAKES, FL. 33016

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Byron McDonald* BYRON MCDONALD, VICE-PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 (305) 962-7275

CR2E034 (9/01)